

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>	Attorney Docket No.	NL 021326 (7790/474)
	Application Number	10/539,368
	Filing Date	JUNE 15, 2005
	First Named Inventor	THEO ANJES MARIA RUIJL
	Group Art Unit	3682
	Examiner	HANNON, T. E.

ENCLOSURES (check all that apply)								
<input checked="" type="checkbox"/> <b>Response to Office Action Dated March 14, 2007</b>  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Petition for Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application)  <input checked="" type="checkbox"/> <b>Drawings: Replacement Sheet FIGS. 1-4</b>  <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Brief  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Post Card Receipt  <input type="checkbox"/> Additional Enclosure(s) (please identify below): <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.								

### CALCULATION OF FEE

				Small Entity		Large Entity			
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus		0	x \$25=	0		x \$50=	
Indep.		Minus		0	x \$100	0		x \$200	
First Presentation of Multiple Dep. Claim					+\$180	--		+\$360=	
					total add'l fee	\$ 0		total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/	Date	JUNE 6, 2007
CERTIFICATE OF TRANSMISSION			
I hereby certify that this correspondence is being transmitted electronically to the United States Patent and Trademark Office on this date:			
			JUNE 6, 2007
Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)		Date: JUNE 6, 2007

